Staff Wellbeing in UK Education: A Synthesis of Organisational, Relational, and Positive Psychology Perspectives

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Abstract: Staff working in UK higher education and secondary schools report worsening wellbeing, and the usual explanation points to funding cuts, growing workloads and a shift toward more market-driven institutional cultures. What is less settled is whether the interventions on offer actually help. This review pulls together ten UK-based studies — qualitative accounts of university and academic-medicine staff, two cluster trials of school-based mental health training, and evaluations of gratitude and PERMA-based positive psychology practice — to ask what distinguishes an intervention that works from one that doesn't. A fairly consistent pattern emerges. Colleague support, autonomy and a sense of purpose show up repeatedly as what keeps people going; workload, job insecurity and half-hearted institutional backing show up just as repeatedly as what wears them down. Mandated training programmes such as Mental Health First Aid were delivered with real fidelity but barely moved the needle on wellbeing outcomes, while smaller, voluntary, gratitude-based practices embedded in existing routines were associated with more durable relational and emotional gains. The implication for higher education is that gratitude-based practice is worth pursuing, but probably not as a bolt-on wellness scheme — it seems to matter more when it's folded into how departments already operate.
Keywords: Staff wellbeing; higher education; burnout; positive psychology interventions; gratitude; organisational culture

1. Introduction

Staff wellbeing has become a recurring concern across UK education, from secondary schools through to universities. Constrained funding, larger student cohorts, heavier workloads and an increasingly market-oriented institutional culture are usually cited as the underlying causes, and staff wellbeing tends to lose out to student-facing priorities when the two compete for attention [1], [2]. The evidence suggests stress and burnout among academic and school staff were already elevated before COVID-19, and the pandemic made things worse by adding emotional labour on top of an already stretched workload [2]. Running alongside this literature is a smaller, more optimistic strand of intervention research, largely based in schools, asking whether brief, low-cost positive psychology interventions — gratitude practice in particular — can shift staff wellbeing in a meaningful way [4], [6]. This review brings both strands together. It draws on qualitative work describing what staff in higher education and academic medicine actually experience, alongside trial and process-evaluation evidence from school-based wellbeing interventions, to ask a fairly practical question: what conditions make a wellbeing intervention work, and what would a gratitude-based approach need to look like to have a chance of working in a university setting.

2. Related work

Ten studies were selected for this synthesis (Table 1). They range from a 21-person interview study of UK HE staff [1] to a cluster RCT involving 1,722 teachers [5], and include a theoretical framework paper, a narrative review of gratitude interventions, and a pilot trial with its accompanying process evaluation. This spread of method is useful rather than a limitation: the qualitative studies explain why an intervention might or might not land, while the trial evidence tests whether it actually does.

Ref.	Setting	Design	Sample	Key focus
[1]	UK HE, all staff	Qualitative interviews	n = 21	Perceived drivers and organisational barriers to wellbeing
[2]	UK HE, all staff	Narrative literature review	N/A	Structural and marketisation drivers of mental ill-health
[3]	UK HE, students	Theoretical framework + pilot case study	n = 99 (5 in pilot)	Whole-University Approach; systemic conceptualisation
[4]	Schools	Narrative review of 16 studies	N/A	Brief gratitude-based positive psychology interventions
[5]	UK secondary schools	Cluster RCT	n = 1,722 teachers, 25 schools	MHFA training and peer support; null effects on wellbeing
[6]	England, primary school	Qualitative case study	n = 21 (9 core group)	Sustainability of PERMA-based interventions
[7]	UK trainee/newly qualified teachers	Two longitudinal studies	n = 108; n = 179	Modifiable cognitive mechanisms of resilience
[8]	Academic medical centre	Qualitative survey	n = 27	Departmental determinants and barriers to junior faculty wellbeing
[9], [10]	UK secondary schools	Pilot cluster RCT + process evaluation	6 schools; 25 schools	Feasibility, fidelity, and reach of MHFA/peer support

Table 1. Studies included in this synthesis, by setting, design, sample, and focus.

3. Key Contribution

Most of what has been written on HE staff wellbeing is qualitative and descriptive [1], [2], [3], [8]; most of what has been rigorously tested sits in the schools literature [4], [5], [6], [7], [9], [10]. These two bodies of work are rarely read side by side, which is a problem, because the schools literature is where we actually find out whether an intervention changes outcomes, and the answer there has mostly been no [5], [9], [10]. Reading the two together lets this review draw out something the HE literature alone cannot show on its own: a fairly consistent account of why some interventions land and others don't, which can then be used to interpret an otherwise scattered, cross-sectoral evidence base.

4. Method, Synthesis and Results

Given how mixed the source material is — qualitative interviews, a theoretical paper, and trial data — a narrative synthesis was the more appropriate approach here rather than a formal meta-analysis. Each study was read with two questions in mind: what does it say about what drives or undermines staff wellbeing, and, where relevant, how well did a specific intervention perform. Themes were then compared across studies to see where they agreed and where they not.

A fairly clear pattern runs through the HE and academic-medicine studies. Colleagues, not formal support structures, tend to be what actually holds people up day to day [1], [8]; the things people describe as

genuinely protective are autonomy, flexibility, and feeling that the work matters to students or colleagues [1]. On the other side, job insecurity, long hours, blurred boundaries between work and home, and a sense that management has failed to act keep coming up as what damages wellbeing — set against a broader narrative in which education has been repositioned as a service, with staff wellbeing treated as secondary to student-facing metrics [1], [2]. Staff from minority backgrounds and those on precarious contracts carry a disproportionate share of this burden, and institutions rarely seem to register the extra psychological cost involved [1], [2].

The theoretical literature points in the same direction. Rather than treating wellbeing as something that lives inside an individual, an integrative Whole University Approach frames it as embodied, relational and shaped by curriculum design, assessment practice, and institutional culture — which means interventions that ignore that context tend to be experienced as pointless at best, and destabilising at worst [3]. The strongest experimental evidence available backs this up in an unwelcome way: a full cluster RCT of Mental Health First Aid (MHFA) training and staff peer support across UK secondary schools was delivered with high fidelity but produced no measurable improvement in teacher wellbeing, depression, or student outcomes at 24 months [5]. The process evaluation helps explain why. Only around one in ten staff actually completed the training, fewer than seven percent of staff used the peer support service by follow-up, and neither element was given dedicated time or consistent backing from senior leadership — leaving wellbeing work as something added on top of the job rather than built into it [9], [10].

Against that fairly discouraging trial evidence, the positive psychology literature offers a more hopeful, though more modest, picture. A review of sixteen brief school-based interventions singles out gratitude practice as unusually well supported, both theoretically and empirically, and links it to gains in optimism, vitality, school satisfaction and social climate through a find-remind-bind mechanism that strengthens social bonds [4]. A qualitative case study of PERMA-based practice in a single primary school reports similar gains — more positive emotion, better collegial relationships, more professional confidence — with knock-on effects on wider school culture, but only where the practice stayed voluntary, low-resource, and folded into existing professional development rather than mandated from above [6]. Longitudinal work with trainee and newly qualified teachers adds a mechanistic layer to this picture: a tendency toward positive interpretation of ambiguous situations turns out to be the single most consistent predictor of resilience across career transitions, and even emotional suppression — usually treated as maladaptive — appears to help under acute situational stress [7]. Taken together, these three studies suggest that gratitude- and PERMA-based practice can produce real, if modest, relational and emotional benefit, provided it stays voluntary and gets built into routines people already have — which is a rather different proposition from the compliance-driven training tested in the WISE trials.

5. Discussion

Put these ten studies together and one conclusion keeps surfacing: what matters is not the format of a wellbeing intervention but whether it's actually embedded in how the institution operates. Mandated, compliance-style training such as MHFA can be delivered with real fidelity and still barely register on outcomes, once it's clear it wasn't given protected time, leadership backing, or any accompanying change to workload [5], [9], [10]. Gratitude- and PERMA-based practice, by contrast, seems to produce genuine — if smaller — gains precisely because it stays voluntary and gets woven into routines staff already have [4], [6]. For higher education specifically, where staff already describe a gap between informal collegial support and institutional initiatives that feel tokenistic [1], this suggests gratitude-based practice is unlikely to work as a stand-alone wellness programme. It may have more of a chance if it's built into things departments already do — team meetings, mentoring, peer recognition — of the kind that qualitative work on junior faculty wellbeing already identifies as protective [8]. That lines up with the theoretical case

for Whole University or whole-institution approaches, which treat wellbeing as something produced by organisational culture rather than a deficit in the individual to be fixed [3].

There's also a notable imbalance in the evidence itself. The sector with the strongest outcome data — schools — has mostly returned null results for interventions delivered at scale, while the sector this review is really interested in, HE, has almost no equivalent trial evidence and relies instead on qualitative and theoretical work. That limits how confidently anyone can claim to know what would actually work for HE staff specifically, and points to an obvious next step: trials of embedded, low-resource, gratitude- or PERMA-based practice within UK HE departments, evaluated with the same rigour the WISE trials applied to schools.

6. Conclusions

1. Problem addressed: UK HE and school staff face deteriorating wellbeing driven by workload intensification, marketisation, and inconsistent institutional support, while individually-targeted interventions have an inconsistent evidence base.
2. Method used: A narrative synthesis of ten qualitative, theoretical, and trial-based UK studies spanning HE, academic medicine, and secondary schools.
3. Key findings: Wellbeing is consistently relational and structurally produced; compliance-style, mandated training interventions show high fidelity but negligible outcome effects, whereas voluntary, low-resource, gratitude- and PERMA-based practice embedded in existing routines shows more promising, if modest, relational and emotional gains.
4. Limitations and future work: The HE-specific evidence base is almost entirely qualitative, with no equivalent large-scale trial data; future research should evaluate embedded, low-resource gratitude-based practice within HE departments using rigorous trial designs comparable to the WISE studies.

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